



Traffic Engineering Section
Public Works Department
555 Liberty Street SE, Room 325 Telephone: 503-588-6211
Salem, Oregon 97301-3513 TTY: 503-588-6292

Trip Generation Estimate

Street _____
Bin # _____ TGE # 2020030
Date Received 4-28-2020

Section 1 (To be completed by applicant.)

Applicant Name: Brandon Fahlman Telephone: 503-930-2786
Applicant Mailing Address: 295 Patterson St NW, Salem, OR 97304
Location of New Development: 1795 Fairgrounds Rd NE, Salem, OR 97301
(Please provide street address. If unknown, provide approximate address and geographical description/nearest cross streets.)
Description and Size of New Development: 6-Unit Apartment Complex
(e.g., 150 single-family homes, 20,000 sq. ft. office addition, 12-pump gas station, 50-student day care, additional parking, etc.)
Description and Size of Existing/Past Development, if any (note whether to remain or be removed): _____
Current Use is Vacant Land; formerly a single-family residence (demolished in 1962)
Planning Action Involved, if any: Site Plan & Multifamily Design Review Building Permit Involved: _____
(e.g., zone change, subdivision, partition, conditional use, PUD, mobile home park, etc.) Yes ☒ No ☐

Section 2 (To be completed by City staff.)

Proposed Use	Existing Use
Development Quantity: <u>6 - APARTMENTS</u>	Development Quantity: <u>1 - HOME</u>
ITE Land Use Code: <u>220 - LOW RISE APTS.</u>	ITE Land Use Code: <u>210 - S.F. HOUSING</u>
Trip Generation Rate/Equation: <u>7.32 TRIPS/EA</u>	Trip Generation Rate or Equation: <u>9.44 TRIPS/EA</u>
Average Daily Trips: <u>44</u>	Average Daily Trips: <u>9</u>
ELNDT Adjustment Factors	ELNDT Adjustment Factors
Trip Length: <u>0.97</u> Linked Trip: <u>1.0</u>	Trip Length: <u>1.0</u> Linked Trip: <u>1.0</u>
TSDC Trips: <u>43</u>	TSDC Trips: <u>9</u>

Section 3 (To be completed by City staff.)

Transportation Impact Analysis (TIA)	Transportation Systems Development Charge
Net Increase in Average Daily Trips: <u>35</u> (Proposed use minus existing use.)	Net Increase in TSDC Trips: <u>34</u> (Proposed use minus existing use.)
<input type="checkbox"/> A TIA will be required: <input type="checkbox"/> Arterial/Collector—1000 Trip/day Threshold <input type="checkbox"/> Local Street/Alley—200 Trip/day Threshold <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> A TSDC will be required. (Fee determined by Development Services.)
<input checked="" type="checkbox"/> A TIA will not be required.	<input type="checkbox"/> A TSDC will not be required.

(For additional information, refer to the back of this application.)

Section 4 (To be completed by City staff.)

Remarks: _____ Date: 4-29-2020

cc: ☐ Chief Development Services Engineer
☐ Community Development
☐ Building Permit Application
☐ _____

By: Tamy